DoDEA

Safe Schools Newsletter

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DoDEA News From the Field: *Laurel Bay Offers Ideas for Theft Prevention*

Philip Booth, Principal, Pierce Terrace Elementary School, Laurel Bay, South Carolina advises adults involved in physical training classes to store their private belongings in a secure container in the classroom.

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Safe Schools NEWS

Dealing With the War on Iraq

The Crisis Management Institute (CMI) of Salem, Oregon suggests school administrators take the following steps to help students during wartime.

To support students daily, give them time to talk, this allows them to put their fears into words and to gain better control over their feelings. Once they have expressed their fears they can cope better and see that other students are experiencing similar emotions.

Make sure that your students are having fun in school – give them opportunities to smile. Laughter boosts the immune system and gives them breaks from the oppressiveness of their worries.

CMI suggests that administrator's design a wartime communications system for circulating important war news to teachers. CMI's Cheri Lovre recommends letting staff receive the serious information first – to give them ample time to digest the news prior to disseminating the updates, with care, to their students. Planning how to give teachers and students time to adjust to any shocking news reports decreases the psychological stress they might otherwise experience.

Theft Prevention . . . continued from Page 1

Barbara Hazzard, Principal, Laurel Bay Intermediate School, South Carolina, shares two theft prevention ideas for DoDEA administrators:

1) Instruct school staff to secure their personal belongings in the same place daily; and

2) Verify the identity of all visitors.

Hazzard illustrates the importance of implementing visitor control policies with an anecdote from her experience working in a Maryland school system where several schools were located in close proximity to one another. During one two-hour time period, a man stole valuables from teachers in several schools using the same theft technique.

The perpetrator visited the school office and explained that he was there to meet his sister to help her enroll his nephew in the school. He asked if his sister had arrived yet and was told in each school that she had not. He asked if he could look around his nephew's new school. He was given a visitor badge and walked around each school. He then checked at the office and asked if his sister had arrived. She had not, so he said that he would check again later, and left the school. While touring each school alone, he had taken wallets from several purses.

This is a tough scenario to prevent because the ruse enabled the perpetrator to appear legitimate even though he was not related to a student. The remedy requires prohibiting visitors from roaming the halls without an escort.

Special thanks to Mr. Jan Long, South Carolina DDESS for information for this article.

School AT Planning Emphasized

On March 7, 2003 Secretary of Education Rod Paige and Department of Homeland Security Chief Tom Ridge visited Blair High School in Montgomery County, Maryland to emphasize the importance of schools preparing for possible terrorist incidents. They announced that the Administration planned to provide $30M in FY2003 to assist schools with antiterrorism planning. Secretary Paige said that his experience as a school superintendent in Texas taught him the importance of Incident Response Planning, "At that moment, everyone involved -- from top to bottom -- should know the drill and know each other." Ridge and Paige also announced the creation of a new readiness website for children: www.ready.gov. For more information, visit: www.ed.gov/emergencyplan.

Home Sweet Gun

Weapons possession in schools is a concern for every school administrator. The Center for Disease Control and Prevention (CDC) recently announced that a study of weapons used in school violence revealed that over half of the guns used in school shootings in the U.S. come from home or friends and relatives. According to the CDC, between 1992 and 1999, 123 students used 128 guns in school related homicides and suicides. The CDC concluded that, "parents should consider discussing access to firearms and safe-storage practices with their relatives and the parents of their children's friends."

Theft Prevention from Three Angles

Theft is a concern that many schools face daily. Our theft prevention research led us to three credible resources for support: our law enforcement network, the DoDEA Safe Schools Handbook, and DoDEA's Internal Physical Security Program (Regulation 4700.2). Below are some helpful tips to consider using when faced with the issue of theft.

Law Enforcement suggests using your Safe Schools Incident Worksheets to identify:

- Where the thefts are occurring,
- When the thefts are occurring,
- What is being taken; and
- How the stolen goods are being smuggled from the school.

Our research has shown that increasing adult supervision in troubled areas during "high theft" periods is often more effective and less expensive, than surveillance cameras or high-tech solutions.

DoDEA's Safe Schools Handbook suggests that you clearly state, promote and post your school's policy regarding thefts, and also suggests that you:

- Increase human security throughout the school, particularly near student lockers & high value rooms,

- Identify times of repeated thefts using the Incident Worksheets,
- Educate students & school staff regarding your theft reporting procedures; and
- Offer character education programs to help keep theft down.

Increase your visitor and key controls as well as your special procedures for noting who has access to high value rooms; and form a school safety committee to include students, the principal, assistant principal, teachers, and DSSOs. Work with this committee to create strategies to prevent further loss. DoDEA's Internal Physical Security Program states that you should use the Visitor Register to control access to your school, and also recommends that you:

- Especially at heightened Force Protection Conditions, require all visitors to sign-in at the front office,
- Use the Key Control Register and Key Repository Accountability Record to account for keys distributed to school staff; and
- Report serious incidents and crimes using the Serious Incident Report and DoDEA's Internal Physical Security Guidance (Regulation 4700.2, Enclosure 6, p.23).

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Shelter-in-Place Q&A

Even though no school is likely to be targeted by Weapons of Mass Destruction (WMD), the U.S. Department of Homeland Security has urged schools to plan for such scenarios. The most credible is that an upwind terrorist incident or industrial accident might release contaminants that drift toward the school.

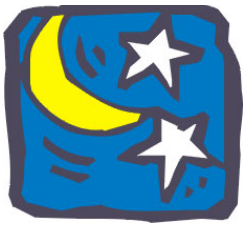
Assume that (1) you have good links with local officials, (2) they notify you before contaminants arrive, (3) you have a prearranged plan to shelter-in-place, and (4) you direct your school to do so. What follows are Q&A's from experts on how best to execute this complex action.

Central Location

Q. Should we gather students into one central location or shelter-in-place in their classrooms?

A. Classroom shelter-in-place plans are recommended. A brief shelter-in-place can most easily be accomplished in classrooms because such lockdowns can be implemented quickly with existing Incident Response Planning procedures. Fewer students in each room means more breathable air per student. Teachers already know their own students and can better account for them. Finally, due to established relationships, teachers can better reassure and control their students.

Since a lengthy shelter-in-place scenario requires having food, water, extra clothing, plastic bags and some type of emergency toilet facilities in each classroom, some school districts have considered centralizing all students in the school gymnasium. However, for large schools (1,000 to 1,500 students) centralization of students would be difficult.



Breathable Air

Q. If we succeed in making a classroom airtight, how long can we breathe the air available in it?

A. It depends, but about 8 hours. Adults need about 10 square feet of floor space per person for an 8-hour supply of breathable air. Children use slightly less air so that the same room air would supply students for a longer period. Law enforcement and emergency preparedness experts indicate that it may be difficult to make rooms completely airtight, particularly those with an airspace above acoustic tile, and that small amounts of new air may continue to seep in.

Simply turning off a school's heating, ventilation, and air-conditioning system (HVAC) and letting the air in the school adjust to the outside temperature will stabilize air and prevent serious concentrations of a chemical agent from coming into the school for many hours – often long enough to accomplish a rescue.

For more information, see the description of a partial airtight lockdown in the Antiterrorism Section of the DoDEA Safe Schools Handbook.

Decontamination

Q. We have heard that decontamination requires removing clothes and washing victims contaminated by chemical or biological agents. How would we implement that?

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A. Contaminated students would need to wash. Students inside classrooms when shelter-in-place procedures are directed do not need to decontaminate. Only people who are outside and exposed to a chemical or biological agent would need to wash and dispose of their clothes.

A good plan is to have personnel and students report to a door near the school gymnasium and use the locker room showers. They can change into athletic clothing that has not been exposed to outside air, sweat suits that have been purchased for emergencies, or even expendable paper garments of the type available through medical supply channels. Plastic bags should be available so clothing can be bagged and sealed. The Federal Emergency Management Agency (FEMA) recommends giving the clothes to emergency responders for disposal. Those who are decontaminating should of course remain inside the gymnasium until they are evacuated.

Rich Roberts, a civilian security expert helping the American Federation of Teachers prepare for a WMD terrorist incident notes that an actual chemical weapons attack would probably be less dramatic than scenarios that the public often envisions. Roberts underscores the limitations of chemical agents, most of which quickly dissipate into non-lethal concentrations, and are degraded by direct sunlight and atmospheric moisture. It is worth noting that of 5,000 people exposed to nerve gas in a Tokyo subway, only 12 died. Of hundreds of U.S. congressional and postal workers exposed to anthrax in 2001, only 22 were infected and only five died. In sum, WMD scenarios are *not* inevitably fatal. If good procedures are in place, most people will certainly survive them.

Although it is a good idea to prepare for a lengthy shelter-in-place, independent experts note that airborne chemical agents of concern would usually disperse to non-lethal concentrations within eight hours or less.

Parents

Q. How should a school respond to parents who come to the school demanding their children?

A. Educate parents now – before an attack occurs. Schools in Montgomery County, Maryland are telling parents in advance that their children will not be available until they are evacuated by officials.

The reason for this guidance is that, in the event of an actual incident, both parents and children will almost certainly be safer sheltering where they happen to be located at the time. Depending on the installation incident response plans, local security officials and Explosive Ordinance Detachment or HAZMAT teams may also prevent parents from entering school grounds to prevent them from spreading possible pathogens or chemical agents.

School Substance Abuse: How to Conduct a Formal Intervention

By Alex Packer, FCD (Freedom from Chemical Dependency) Educational Services.

In general, group or crisis interventions should never be undertaken without the advice of a professional.

In most cases, the professional will facilitate the intervention. If, however, the problem is in the early stages, it may be effective and safe to conduct an intervention without active participation by a professional. For example, a group of teenagers concerned about the increasingly irresponsible drinking behavior of one of their peers might wish to address the problem on their own. Even if an intervention specialist is not consulted, FCD strongly advises any young people contemplating an intervention to engage a trusted adult in the process—even if he or she remains behind the scenes.

The process of preparing for and conducting an intervention is pretty straightforward. It's the execution that can get pretty tricky. Here's what you'll need to do to conduct an intervention.

Decide who should be part of the intervention group.

The team should be comprised of people who can speak about the person's use from their own knowledge. It's important that they play a meaningful role in the substance abuser's life. For a teenager this might include close friends; a boyfriend or girlfriend; a teacher, coach, or counselor; siblings, parents, and/or other relatives. Anywhere from three to six people is a good size; once a group gets beyond seven or eight, it becomes unwieldy. You may want to ask just a few people at first, talk with them about your intentions, and then see if they have suggestions for others to invite. It may seem obvious, but it's important to be sure that no member of the group has a substance abuse problem of his own.

Some members of the group, such as a girlfriend, boyfriend, or younger sibling, will have a primarily emotional hold on the person. Other members, such as a principal, coach, or employer, will have a primarily practical influence on the person, since they hold the keys to the person's livelihood, place on a school team, or place in the school itself. And others, such as a parent, have both emotional and practical power. There is nothing wrong with exercising emotional or practical leverage. In fact, doing so – letting the person experience the consequences of his actions and decisions – is an essential part of maximizing the chance that the intervention will be successful.

Schedule an initial meeting.

Get together to plan and "rehearse" the intervention. Explain why you have asked everyone to come, and describe the intervention process for those who may not be familiar with it. Have everyone talk about their experiences with the substance abuser and his problem. This is helpful because people with different relationships to the person will have observed and experienced different things. Encourage people to consider how they may have enabled the person's use. Sharing this information gives everyone a better understanding of the individual and the nature of the problem.

Choose a Chair to lead the group.

The leader's role is to organize the process and keep the meeting calm, supportive, and focused on the intervention.

Determine the goal of the intervention.

While the goal of an intervention is always to get the individual to stop his abusive use of

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alcohol or other drugs, the methods for achieving this can vary. Depending on the severity and longevity of the problem, the tactic may be as simple as asking the person to stop. (Never underestimate the power of a request from a parent or best friend in the context of an intervention.) You may hope to get the person to agree to therapy, a substance abuse evaluation, attending Alcoholics Anonymous or Narcotics Anonymous, and/or enrolling in a special program or school. In many interventions, the goal is to get the person into treatment. In this case, you will need to make arrangements beforehand without tipping off the person. Arrangements include locating the treatment facility; alerting them to the intervention and hoped-for time of admission; packing a suitcase for the person; handling financial, insurance, and transportation details; taking care of aspects of the person's life that will be affected by an absence of several weeks (e.g., attendance at school or work, social obligations, pets, etc.).

Designate someone who will research options for help.

Any delay between an intervention and entering treatment decreases the likelihood that the person will go. Therefore, you want to have everything arranged so that you can take the person directly from the intervention to the treatment center. If the therapy or a substance abuse evaluation is your goal, it's ideal to have an appointment immediately following the intervention. Learn where and when A.A. or another 12-step program meets. All of this requires investigation, and one or more people on the intervention team will need to do some research. If you are using a professional interventionist, he or she should be able to suggest the best resources.

Anticipate all the questions about, and/or objections to, seeking help that the person may have.

You're not going to argue with the person if he makes excuses or tries to minimize his behavior. But you do want to have answers to likely questions. For example, the person may ask about his options, or what treatment is like. The person may come up with all sorts of practical obstacles to seeking help: money, events he "can't" miss; who will feed the fish, etc. The person may promise to stop on his own. To each of these retorts you will need to have a response thought out in advance: "We will pay for your counseling;" "Your brother will walk the dog;" "If you choose to ignore the problem, you will not be able to work here any longer."

Prepare what you're going to say.

While it is not necessary, many people prefer to write out their intervention "script." This ensures that, in the heat of the moment, they won't forget what they wanted to say, or inadvertently let judgmental or shaming language creep in. Each person's comments should follow the basic steps of the intervention process: conveying affection and/or respect for the person; recognizing the contributions the person has made to your own life; expressing concern for the person; citing specific examples of the self-or other-destructive behaviors you've observed; and offering to assist the person in seeking help.

Identify the ways in which members of the group have enabled the person.

It's important for people to recognize the role they may have played, however unwittingly, in helping the person to maintain his abusive use of substances. Examples of enabling behavior might include: covering for a substance abuser at work to protect their job or helping them complete homework assignments they did not

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finish because they were high. This recognition is essential to establishing new limits for relating to the person and responding to their substance abuse. There are two ways to "use" these limits.

One is to include them as part of your statement. The other is to save them as additional leverage if the person balks at accepting help. In the former instance, present the limits you're setting in the context of your newfound awareness of how your actions may have inadvertently helped to maintain the person's use. But now, safety, conscience, integrity and/or emotional comfort require you to behave in different ways. The person listening will realize that continuing the use of drugs or alcohol is going to become more lonely and difficult. The other option is to hold off and present the limits only if you have to at the end to add additional pressure to get the person to accept help. Discuss with the group how you wish to handle this.

Read your letters and/or share your intended remarks with other group members.

Be sure that they are not preachy, angry, or blaming. Modify the content as needed. Depending on how you decide to handle the issue described above of setting limits, you'll either include them as part of your comments, or as a separate "addendum" that may be presented at the end of the intervention. Choose the order in which people will speak. In most cases, it's best to start with those least likely to antagonize the person, i.e. someone whose love or opinion they really care about, and with whom they are not in a torturous relationship.

Decide when and where you're going to conduct the intervention.

Choose a time and place where you will have privacy and be undisturbed. Determine how you're going to get everyone in the same room at the same time. Make sure participants recognize the importance of not letting on that something is afoot.

If the person is going to be brought to the intervention (as in a surprise party), be sure the entire group is there well ahead of time. If the intervention team is going to go to the person (i.e., he'll be in the school counselor's office or at one of the team member's houses), be sure you arrive as a group.

On the day of the intervention . . . Gather early.

An intervention must start immediately upon the arrival of the person you're trying to help. Nothing is worse than not being ready or having latecomers straggle in. Since the person will know that something is "up," you don't want there to be any time for awkward chitchat, or for him to figure out the situation and leave.

Turn off cell phones and pagers.

Interventions are highly emotional events. You don't need multiple intrusions of the Nokia Tune or Mexican Hat Dance breaking the mood.

Choose seating arrangements.

It's a good idea to place those with the closest, most positive relationship to the person next to him. Individuals with difficult or conflicted

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relationships with the person are best seated in his peripheral vision.

Begin the intervention.

The group's Chair leads with a statement that is short and to the point: "We're here because all of us care very much about you. You mean so much to us and we're worried about you. Each of us has some things we'd like to say." At this point, members of the group read their letters or speak in the prearranged order. The person you're worried about may seem defensive or sullen at first, but as he hears the affection, gratitude, and concern being expressed, he will probably soften, and may even become tearful.

A common fear is that the person will get angry and storm out. Even though you'd think this would happen a lot, it rarely does. This is because you're approaching the person with respect, compassion, and concern. And the person may want to be helped, even if he is not aware of it. In any case, identify ahead of time one or two people who will get up and follow the person outside should he leave. Their role is to empathize – "We know this must be hard for you" – reassure – "But we care about you so much" – and try to get him to return – "Won't you please come back inside and just listen? That's all we're asking you to do." Just keep talking. If the person truly wants you to get lost, he will make it clear in no uncertain terms. If he refuses to return, but seems willing to listen, go ahead with your prepared remarks and turn the occasion into a "walking intervention."

Solicit the person's agreement to seek help.

Assuming the intervention went as planned, the Chair, at the conclusion of everyone's remarks, can reaffirm the group's desire to help and ask the person if he will accept it. This is the moment of truth. If he says yes, everyone will experience a feeling of relief and warmth and you move forward with the predetermined plan.

If the person refuses to get help, the Chair can express the group's disappointment and ongoing concern. He can reiterate the group's desire to help and its willingness to do so at any time. This may be a good time to state or restate the limits people are going to set in light of the person's decision (i.e., "I'm not going to loan you money anymore;" "If you get stoned in our room, I'm going to tell the dorm head;" or "I'm not going to let you in my house if you've been drinking.")

Debrief.

Be sure that the group gets back together again as soon as possible after the intervention. You will need to debrief and process the event. There may have been some difficult or emotional moments people will want to discuss. You may have to discuss further strategies for intervention.

Substance Abuse Prevention in Schools

Adolescent substance abuse is a major public health issue in the United States. A recent report from Columbia University's National Center on Addiction and Substance Abuse indicated that one-fifth of the alcohol consumed in this country can be attributed to underage teen drinkers. More than 30% of today's high school students report binge drinking (defined as having five or more drinks consecutively) at least once a month. And, although alcohol continues to be the drug of choice among most teens, data from the 1999 Youth Risk Behavior Survey conducted by the Centers for Disease Control indicate that more than 25% of teenagers reported using marijuana during the past month, almost 10% had used some form of cocaine during their lifetime, and almost 15% had inhaled glue, paint, or the contents of aerosol cans in an effort to become intoxicated.

Student substance abuse is related to a number of negative outcomes at school including academic difficulties, lack of motivation, and interpersonal violence. According to a recent study by Phyllis Ellickson and colleagues at the Drug Policy Research Center, 25% of teens have, at some time, experienced a drinking-related problem such as missing school, getting in a fight, or being arrested. Clearly, this is an issue that should concern schools in their quest to create safe and supportive school environments.

Factors Influencing Adolescent Substance Abuse

Given the clear and inherent dangers associated with chronic substance use, why is it that so many teens seem intent on abusing drugs and alcohol? Research suggests there are multiple developmental pathways influencing these behaviors. Clearly, peers are one important factor influencing the single strongest predictor of adolescent substance abuse.

Parental attitudes and behaviors are another potent contributory factor. Specifically, parents who are perceived as indulgent, authoritarian, or neglectful are more likely to foster children susceptible to the allure of drugs.

More recently, the influences of schools and communities have been examined as they relate to adolescents' choices to use drugs and alcohol. Research suggests that youth who feel bonded to pro-social institutions such as schools are less susceptible to the negative influence of peers when it comes to abusing drugs. In addition, opportunities for extracurricular involvement in both the school and larger community appear to play a protective role in substance abuse. In particular, activities that foster a sense of involvement, cooperation, and competence positively influence adolescents' choices to reject drugs and alcohol.

The Role of Schools in Preventing Substance Abuse

Strategies for combating substance abuse in schools can be conceptualized as primary, secondary, or tertiary prevention efforts. Primary prevention refers to general or universal approaches designed to deter students from experimenting with drugs or alcohol. In schools, this might include substance abuse education presenting *accurate* information about the effects of drugs and the potential dangers associated

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with chronic use. Secondary prevention targets specific groups viewed, on the basis of a variety of factors, as "at risk" for substance abuse.

These strategies might include in-school or after-school activities, such as sports, clubs, or recreational opportunities, that are incompatible with drug use and can compete with the level of gratification some teens find in substance abuse. Finally, tertiary prevention approaches are designed to address the needs of students already involved in drugs with the goal of preventing progression to more addictive usage patterns. Such approaches might include counseling, support groups, and integrated systems of care involving families, schools, law enforcement, community agencies, and other resources. Given the multiple pathways and factors that influence adolescents' choices to use or refrain from drugs and alcohol, it is imperative that school-based intervention efforts are also multifaceted and comprehensive.